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Repentance and seeking forgiveness: the effects of spiritual therapy based on Islamic tenets to improve mental health

Qurotul Uyun[a], Irwan Nuryana Kurniawan[a] and Nahdhata Jaufalaily[b]

[a]Department of Psychology, Universitas Islam Indonesia, Yogyakarta, Indonesia; [b]Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia

ABSTRACT

For years, spirituality has been utilised by many as an asset to improve mental and physical health. This study creates a valid argument that Islamic teachings specifically can have a notable effect on students' overall health. This particular therapy originates from the Islamic concept of soul purification/cleansing (otherwise known as: *tazkiyah al-nafs*). The reason behind this was to evaluate the impact of *tawba* (meaning repentance) and *istighfar* (forgiveness) therapy for improving mental health in a selected group of Muslim college students. Participants were expected to attend eight consecutive sessions exploring both *tawba* and *istighfar* therapy. Both before they trialled the treatment and once they had completed it, all participants were also required to complete the 'Social Emotional Health Survey-Higher Education' (SEHS-HE). We concluded that in general this programme was in fact successful in improving the overall mental and even physical health in our select group of Islam practising students.

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Islam; mental health; religion; spirituality; spiritual therapy; *tawba* and *istighfar*

Introduction

Global literature has defined the definition of forgiveness in vastly different ways. Webb, Dula, and Brewer (2012) quoted that given its multidimensional feature, forgiveness can be sought, felt, received, directed at different targets, and observed at a situational or dispositional level. According to McCullough, Root, and Cohen (2006), forgiveness involves changes in motivations to avoid, seek revenge, and act benevolently towards the transgressor. In 2005, Thompson et al. posed the opinion that forgiveness applies to both ourselves and the situations we end up in. This particular theory is called "dispositional forgiveness" due to the fact that one does not focus on the transgression-specific, but notes our tendencies to pardon across a range of different contexts. The Human Development Study Group (Enright, 1996) founded "the forgiveness triad," noting three key factors: forgiving others, receiving forgiveness, and self-forgiveness.

There is a limited amount of academic research on divine forgiveness (forgiveness from God) in comparison to the vast amount of writing there is on self-forgiveness and the forgiveness of others. Divine forgiveness relates to a "greater life purpose" (Lyons, Deane,

CONTACT Qurotul Uyun qurotuluyun@yahoo.com

Caputi, & Kelly, 2011), reduced of anxiety (Krause & Hill, 2018), and improved psychological health (Krause & Ellison, 2003). There is a minimal amount of evidence on repentance as a healing device, especially within Islam. Current studies on the topic tend to use correlational designs and therefore provide only basic conceptual frameworks. This study attempts to incorporate both the concept and general rituals of repentance into a therapeutic system that we can apply to our research.

Tawba and *Istighfar*

Tawba is an Islamic tenet which assists soul decontamination. The four pillars of *tawba* are: (1) Regret; the act of repentance for misdeeds, (2) Determination to never repeat those wrongdoings, (3) Efforts to compensate any wrongdoings they committed via good deeds (4) Seeking forgiveness from those you have wronged. In Arabic, *tawba* means "to return," and *istighfar* means "seeking forgiveness from God (Allah)." Al-Jauziyyah (2014) defined *tawba* as defending yourself from committing more sins in the future and *istighfar* as protecting yourself from the harmful effects of past sins. Al Jauziyyah's thesis is that *istighfar* has the potential to erase traces of a previously committed sin and *tawba* could stop us one from committing another sin. *Tawba* and *istighfar* therapy cleanses the soul and acts as a mental health retreat for inner peace. This has been emphasised in the Qur'an:

> And, [saying], 'Seek forgiveness of your Lord and repent to Him, [and] He will let you enjoy a good provision for a specified term and give every doer of favor his favor. However, if you turn away, then indeed, I fear for you the punishment of a great Day.' (11:3).

Tawba is of significant valuable in Islamic culture, being repeated in both the Qur'an and Hadith. An entire chapter in the Qur'an is dedicated to discussing the nature of *tawba* (titled: At-Tawba). Other chapters claim a refusal to practise *tawba* are: "wrongdoers" (49:11) because Allah cherishes and respects those who repent (2:222). In the Hadith, it says that the Prophet Muhammad sought forgiveness from Allah at the very least one hundred times per day (Sahih Muslim 35:6523).

Islamic tradition states that the maintenance of healthy relationships with both other people and God is of the upmost importance. Understanding and acceptance are the fundamentals of harmonious relationships, while repentance is key to a successful and continued relationship with God: essentially returning to His commands and leaving His prohibitions.

In Islam, any conflict that should take place between a person and God or a person and another is a sin. Committing such a sin triggers both harmful emotions and psychological stress. This has an adverse number of effects upon a person's mental well-being. With regard to relations with God specifically, such conflicts can appear as materialistic attachments. This poses the belief that mental illness can be a direct result of committing a sin. Therefore, if one does not purify his or her soul by repenting, the mental illness would eventually become refractory. The Qur'an has provided some examples of how to achieve better mental health:

> In order that you not despair over what has eluded you and not exult [in pride] over what He has given you. And Allah does not like everyone self-deluded and boastful. (Qur'an 57:23).

The Qur'an provides further practical guidance that can help Muslims attain a sense of soulful peace, an example of such guidance is that of remembering Allah ('*dhikr*'):

> Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah, hearts are assured(13:28).

Islamic teaching tells us that sin breeds worry. An increased amount of worry can trigger and worsen pre-existing mental disorders. *Dhikr* and *tawba* are teachings based on the Qur'an and provides Muslims with spiritual means to help them overcome any hardships in lives. Overcoming such hardships minimises worry to prevent mental disorders.

The role of repentance and seeking forgiveness for mental health

Weber and Pargament (2014) reviewed the research currently available on the effect of religion on mental health. They concluded from this that religion could indeed promote an improved level of mental strength due to the positive implementation of religious coping, community support, and positive belief. However, they warn that spirituality can also have a damaging effect on mental health if it is used alongside misunderstanding or miscommunication and negative beliefs. Islamic therapy proved more effective for Muslim clients in treating bereavement, depression and anxiety, especially when paired with prayer and Qur'an recitations than treatments that do not integrate their belief.

It is often argued that an increased amount of consideration should be given to mental health problems amongst adults today. Research conducted by the National Health Interview Survey (NHIS) showed that significant psychological stressors were most prevalent in adults aged 18–64 with alternating demographic features (Weissman, Pratt, Miller, & Parker, 2015). Prior to the positive psychology movement, good mental health had been defined as: "the absence of disease, disorder, or disability," all (children, teenagers and adults) were considered healthy if they showed no signs of illnesses, disorders or disabilities (Keyes, 2009, p. 9).

This study focused on positive mental health. The term 'positive mental health' is defined as a mental state that is, "not merely the absence of diseases but also the presence of 'something positive'" (Keyes as cited in Keyes, 2009, p. 9). This definition emphasises the importance of "the presence of assets, strengths, and positive attributes" (p. 9). Recently a study proposed a new mental health model: "covitality". This refers to "the co-occurrence among positive psychology constructs" (Jones, You, & Furlong, 2013, p. 512).

Correlational research has discovered several, key links between spirituality and mental health. Lun and Bond (2013) found that religious values and beliefs had an overall positive effect on the amount of satisfaction a person had with their life. Other previous studies have also inspected the success of divine treatments reducing psychological problems (Bonelli, Dew, Koenig, Rosmarin, & Vasegh, 2012). Koszycki, Raab, Aldosary, and Bradjwein (2010) further concluded that Spiritual-Based Intervention (SBI) is indeed effective in reducing the symptoms of anxiety. Another study showed positive results from a person's participation in spiritual healing programmes with regards to their spiritual well-being and satisfaction (Jafari et al., 2013). Through a meta-analysis study in 2013, Kimball showed that the act of prayer could be associated with improved mental health. Therefore, it was recommended that any future research should aim to explore a psychological intervention using prayer as a treatment for dealing with many of the symptoms that accompany poor mental health.

Results from a meta-analysis of studies found that gratitude levels acted as a significant forecaster of a person's mental health (Uyun & Trimulyaningsih, 2015). Moreover, a recent

pilot study amongst a group of masters students demonstrated that practicing *tawba* and *istighfar* regularly had succeeded in improving subjective well-being and equanimity in addition to reducing anxiety, stress, and depression (Uyun & Kurniawan, 2018). In another similar religion study, *shabr* and *salat* intervention have also contributed to minimised levels of psychopathological scores (Uyun & Witruk, 2018).

The Islamic psychotherapy approach to treatment has been widely applied for many psychological issues. Hamjah and Akhir (2014) conducted a number of counselling sessions using this approach, where three of the main features were applied: *aqidah* (creed), *ibadah* (worship and devotion to Allah), and *akhlaq* (moral behaviour). A longitudinal study stressing the importance of a therapeutic approach based on a clients' personal frame of orientation suggested that religious values and beliefs enhanced a person's recovery from distressing experiences, such as the death of a loved one (Mehraby, 2003). Yucel's studies in 2007 added authority to these findings by demonstrating how prayer amended psychological happiness amongst its Muslim participants. Ahmed (n.d.) suggested that Muslim psychiatrists and psychotherapists who were committed to Islam should integrate their beliefs, ethics, and behaviour into their therapy.

Previous revisions and reviews holding Islamic references have shown utilising spiritual practices can contribute significantly to improving mental health. These findings pose the question of whether we now need to develop a spiritual-based intervention that can treat mental problems. Islamic interposition is founded on holistic treatment, consisting of psychological, physical, mental, and moral-spiritual aspects (Isgandarova, 2005). Both the Qur'an and the Hadith discuss the principles and practices required for Muslims to be capable of dealing with major obstacles. Islamic values shape a person's ethics and attitude towards life. The primary purpose of the Qur'an is to influence and guide behaviour (Husain, 1998). The aim behind this present study was to evaluate the feasibility and effects of *tawba* and *istighfar* therapy on establishing a sense of inner peace, thus passively improving overall mental health.

Method

Participants

Our sample group of participants consisted of 32 Muslim college students. Their age ranged from 18–23 ($M = 20$). The majority were female ($N = 28$), with only four males.

Measures

The group's mental health was assessed three times using the *Social Emotional Health Survey-Higher Education* (SEHS-HE; Furlong, 2016) containing 36 items ($\alpha = .92$) – $\alpha = .924$ (pre-test), $\alpha = .926$ (post-test), and $\alpha = .933$ (follow-up). Participants were asked to rate each item on a five-point Likert scale (5 = "always", 1 = "never"), to indicate the extent to which each statement best described their mental health. The scale includes four positive psychological constructs measuring: (1) Belief-in-Self, which comprises Self-Efficacy, Self-Awareness, and Persistence (e.g., "I can work out my problems"); (2) Belief-in-Others, which comprises School Support, Family Support, and Peer Support (e.g., "There is a feeling of togetherness in my family"); (3) Emotional Competence, which comprises Emotional Regulation, Empathy, and Self-Control (e.g., "I think before I act"); and (4) Engaged Living, which comprises Optimism,

Gratitude, and Zest (e.g., "I usually expect to have a good day"). In 2014, Furlong, Dowdy, Carnazzo, Bovery, and Kim developed this to reveal four positive psychological constructs that hypothetically could have positive effects on mental health.

Research design

Our study used a repeated measures design (Field & Hole, 2008). Through this we obtained three sets of data from the subjects. Mental health was measured both before and after the therapy was prescribed. This meant that participants in the same group received the exact same treatment (*tawba* and *istighfar* therapy) and the exact same amount (mental health scale) before and after therapy.

A significant advantage of such an experiment design was the non-existent amount of risks regarding the difference between participants in one treatment condition (provided that all conditions used the same individuals). Another positive is that this design requires fewer subjects than that of an independent measures design since each subject serves as his/her own control (Gravetter & Wallnau, 2013).

Procedures

This study began with participants carrying out *tawba* and *istighfar* therapy in eight sessions, with session number six and session number seven including a reflection session. In addition, participants were instructed to practice at home for the period of one week.

Our groups finished the mental health scale survey before therapy, as a pre-treatment (baseline). The first post-test scale was completed directly after the reflection session and post-test number two was done three weeks after post-test one. The overall programme including the eight sessions and the homework projects took four weeks to complete. The homework was given between sessions. The summary of all sessions is shown in Table 1.

Table 1. Overview of repentance and seeking forgiveness therapy for increasing mental health.

Module	Sessions	Objectives
1	Introduction (learning contract)	Engaged participants in therapy Presented the overview to participants
2	Self-disclosure	Identified the feelings that the participants experienced in positive and negative situations
3	Self-awareness	Facilitated participants' self-awareness of the factors that caused their anxiety
4	Understanding *tawba* and *istighfar*	Taught the participants how to cope with anxiety and sadness using *tawba* and *istighfar* Described pillars of *tawba* and *istighfar*
5	Procedure to perform *tawba* and *istighfar*	Explained how to perform tawba and istighfar
	Homework assignment	Asked participants to perform *tawba* and *istighfar* at home and write a daily journal for one week
6	Reflection session of *tawba* and *istighfar*	Discussed the experiences, events, and feelings in the last week
	Homework assignment	Asked participants to perform *tawba* and *istighfar* at home and write a daily journal for three weeks
7	Reflection session of *tawba* and *istighfar*	Participants wrote down everything they perceived in the last three weeks
8	Termination	Closure

Table 2. Results of t-test, effect size and descriptive statistics for social emotional health and its components by *tawba* and *istighfar* therapy.

	Pretest		Posttest		Follow-Up				
Outcome	*M*	*SD*	*M*	*SD*	*M*	*SD*	*t*	df	*r*
Social Emotional Health	3.69		3.75	.42			−.92	31	.16
	.39				3.84	.44	−2.22*	31	.37
Belief in Self	3.51		3.64	.50			−1.44	31	.25
	.44				3.75	.50	−2.54*	31	.41
Belief in Others	3.64		3.74	.61			−1.86*	31	.31
	.55				3.88	.66	−3.43**	31	.52
Emotional competence	3.65		3.66	.44			−.83	31	.01
	.44				3.76	.47	−1.46	31	.25
Engaged living	3.96		3.97	.45			−.04	31	.00
	.51				3.95	.46	.18	31	.03

* $p < .05$.; ** $p < .01$.

Session one was purely introductory. Group members were encouraged to befriend one another and were shown their learning contracts. The objectives of such a session were to involve them into the therapy type and pose the overview of the process. Session number two was about self-disclosure, intended to identify general feelings experienced by the participants when faced with a range of both positive and negative circumstances. The third meeting was all about self-awareness. The purpose was to aid participants in realising the root cause of their personal anxiety. Session four gave participants a description of the main features of *tawba* and *istighfar*. Here, they were taught the methods used to cope with anxiety and sadness, such as: performing *tawba* prayer and reciting *istighfar*. The pillars of *tawba* and *istighfar* were also explained on this day. The general procedure of how to perform such rituals was delivered during session number five.

Results

Paired sample t-test (Gravetter & Wallnau, 2013) was used to test the effects of *tawba* and *istighfar* therapy on the improvement of mental health in a group of college students. Effect sizes were projected (Field & Hole, 2008) to establish an objective and standardised norm as to how noteworthy the treatment was on the outcomes, following Cohen's (1988, pp. 8–17) standards for effect sizes.

Table 2 shows us that *tawba* and *istighfar* therapy improved the mental health levels of participants in this study. Outcomes of the paired sample t-test displayed a statistically significant variance (t (31) = −2.22, $p < .05$, $r = .37$) in Social Emotional Health scores both before ($M = 3.69$, $SD = .39$) and after ($M = 3.84$, $SD = .44$) receiving *tawba* and *istighfar* healing. The effect size approximation showed the difference in Social Emotional Health scores stimulated by *tawba* dan *istighfar* therapy was average: a substantive finding. The medium effect size was also seen in the subscale of Belief in Self ($r = .41$). Belief in Others however, ($r = .52$) provided the greatest impact.

Participants noted their feelings, involvements, and any notable events in diaries daily during week one of therapy. Most of them claimed that practicing *tawba* and reciting *istighfar* helped them to find solutions to a range of issues; from academia, to relationships, to psychological problems. They became capable of handling family and social conflicts with understanding, acceptance, and patience. Some experienced better emotional

connections with God, happiness and acceptance, while others reported becoming more diligent and excited at the thought of prayer.

Our participants were recruited via social media with a willingness to participate. This meant that some problems could not be identified originally. However, reflection sessions revealed many problems experienced by participants, some more severe than others.

Discussion

This study intended to investigate the feasibility and effects of spiritual-based intervention, mainly *tawba* and *istighfar* therapying in increasing mental health among some college students based in Indonesia. We found that overall the therapy was both feasible and effective through a comparison of the students' post-test and pre-test scores. College students showed complex levels of mental health during the post-test. Such results suggest the potential benefit of a specific form of Islamic therapy practices for Muslims in Indonesia.

Findings of this study are consistent with those of previous research. Most have demonstrated the positive effects of a psychological intervention using a spiritual approach to promote aliveness (Kuchan, 2008). Our findings also concur with the correlational research by Sharma and Sharma (2016) who found a positive association between spirituality and pleasure. Another study linked between religion and a component of subjective well-being, indicating that more religious individuals tend to be increasingly satisfied with life compared to those who are less religious (Gull & Dawood, 2013).

This study offers support for the descriptive-analytical investigation from Samadi and Rahmani (2015) which highlighted the impact of praying on mental health in accordance with Qur'anic tenets. It is argued that when someone seeks God's forgiveness and therefore recites *istighfar*, he cleanses oneself from the sin and guilt that harm his soul. This means that the act of repentance could result in reduced anxiety, enhanced serenity, and improved well-being. This process is also referred to as 'the purification of the soul' or *tazkiyah al-nafs*. Consistent with our findings, it was narrated in the Hadith, as:

> Whoever persists in asking for forgiveness, Allah will grant him relief from every worry, and a way out from every hardship, and will grant him provision from (sources) he could never imagine (Sunan Ibn Majah, Hadith: 3819).

Activities in this therapy (i.e., performing *tawba* prayer and reciting *istighfar*) are part of everyday religious life of Muslims. Incorporating such practise into a therapy system allows participants to apply what they learned during the sessions in their own daily lives after the intervention ended. As such, the applicability of this therapy provides convenience and practicality for clients to overcome daily challenges as well as significant life events.

There were however several limitations of this study that should be taken into account. The chief limitation is the lack of a control group. The design of this experiment means that some external factors such as time could affect participants' scores from one treatment to another. Another probable limitation was the occurrence of an order effect, this is a change in scores influenced by participation in previous treatment (Gravetter & Wallnau, 2013); fatigue could be an example of such an effect. Despite this potential influence, it should be noted that reflection sessions were conducted in a detailed style. During such sessions (alongside the act of writing in daily journals) it was found that

the most widely held experience of the participants was that of: less anxiety, peace of mind, more gratitude, and excitement in prayer, suggesting such an interference could still be acceptable.

Also, group therapy included many participants with diverse types and levels of psychological difficulties. It may have been useful for those with severe problems to receive individual therapy sessions. With the consideration of these current research boundaries, future studies could duplicate ours by using similar group therapy, but including only participants who share comparable problems.

The key success of this study is the generalisability of *tawba* and *istighfar* therapy is not in fact restricted only to our chosen applicants. The results suggest that higher acquiescence leads to an increase in treatment efficacy. Having said this, we predict that the therapy could still be useful in treating other Muslim participants with dissimilar mental health difficulties, provided that they are committed to the entire process. In order to assess the effectiveness of this intervention on a more diverse range of populations, the use of *tawba* and *istighfar* as a spiritual therapy for psychological problems should be considered. Our findings are keys for the integration of religion into mental health treatment.

Disclosure statement

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References

Ahmed, B. (n.d.). *Islamic values and ethics in prevention and treatment of emotional disorders*. Retrieved from http://www.missionislam.com/health/index.htm

Al-Jauziyyah, I. Q. (2014). *Ensiklopedia taubat: Dari dosa menuju syurga* [Book of At-taubah wa al-inabah]. (A. Dzulfikar, Trans.). Depok: Keira Publishing.

Bonelli, R., Dew, R. E., Koenig, H. G., Rosmarin, D. H., & Vasegh, S. (2012). Religious and spiritual factors in depression: Review and integration of the research. *Depression Research and Treatment, 2012*, Article ID 298056. doi:10.1155/2012/298056

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New York, NY: Lawrence Earlbaum Associates.

Enright, R. D., & The Human Development Study Group. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, *40*(2), 107–126. doi:10.1002/j.2161-007X.1996.tb00844.x

Field, A., & Hole, G. (2008). *How to design and report experiments*. Los Angeles, CA: SAGE Publication.

Furlong, M. (2016). *Social emotional health survey system content and scoring guides*. Retrieved from http://www.michaelfurlong.info/sehs_system_jan_26_2016.pdf

Furlong, M. J., Dowdy, E., Carnazzo, K., Bovery, B., & Kim, E. (2014). Covitality: Fostering the building blocks of complete mental health. *National Association of School Psychologists Communique*, *42*(8), 28–29. Retrieved from http://www.nasponline.org/publications/periodicals/communique/issues/volume-42-issue-8/covitality-fostering-the-building-blocks-of-complete-mental-health

Gravetter, F. J., & Wallnau, L. B. (2013). *Statistics for behavioral sciences* (9th ed.). Belmont, CA: Wadsworth, Cengage Learning.

Gull, F., & Dawood, S. (2013). Religiosity and subjective well-being amongst institutionalized elderly in Pakistan. *Health Promotion Perspective*, *3*(1), 124–128. doi:10.5681/hpp.2013.014

Hamjah, S. H., & Akhir, N. S. M. (2014). Islamic approach in counselling. *Journal of Religion Health*, *53*, 279–289. doi:10.1007/s10943-013-9703-4

Husain, S. A. (1998). Religion and mental health from the Muslim perspective. In H. G. Koenig (Ed.), *Handbook of religion and mental health* (pp. 279–290). San Diego, CA: Academic Press.

Isgandarova, N. (2005). Islamic spiritual care in a health care setting. In A. Meier, T. S. J. O'Connor, & P. L. VanKatwyk (Eds.), *Spirituality health: Multidisciplinary explorations* (pp. 85–102). Canada: Wilfrid Laurier University Press.

Jafari, N., Farajzadegan, Z., Zamani, A., Bahrami, F., Emami, H., Loghmani, A., & Jafari, N. (2013). Spiritual therapy to improve the spiritual well-being of Iranian woman with breast cancer: A randomized controlled trial. *Evidence-Based Complementary and Alterntive Medicine, 2013*, Article ID 353262. doi:10.1155/2013/353262

Jones, C. N., You, S., & Furlong, M. J. (2013). A preliminary examination of covitality as integrated well-being in college students. *Social Indicators Research*, *111*, 511–526. doi:10.1007/s11205-012-0017-9

Keyes, C. L. M. (2009). The nature and importance of positive mental health in America's adolescents. In R. Gilman, E. S. Huebner, & M. J. Furlong (Eds.), *Handbook of positive psychology in schools* (1st ed., pp. 9–23). New York, NY: Routledge.

Kimball, B. M. (2013). *A practical meta-analysis of prayer efficacy in coping with mental health* (Unpublished masters thesis). St. Catherine University, St Paul, MN, USA.

Koszycki, D., Raab, K., Aldosary, F., & Bradjwein, J. (2010). A multi-faith spiritually based intervention for generalized anxiety disorder: A pilot randomized trial. *Journal of Clinical Psychology*, *66*, 430–441. doi:10.1002/jclp.20663

Krause, N., & Ellison, C. G. (2003). Forgiveness by God, forgiveness of others, and psychological well-being in late life. *Journal for the Scientific Study of Religion*, *42*(1), 77–93. doi:10.1111/1468-5906.00162

Krause, N., & Hill, P. C. (2018). Assessing the relationships among forgiveness by God, God images, and death anxiety. *OMEGA – Journal of Death and Dying*. Advance online publication. doi:10.1177/0030222818777376

Kuchan, K. L. (2008). Prayer as therapeutic process toward aliveness within a spiritual direction relationship. *Journal of Religion and Health*. doi:10.1007/s 10943-008-9166-1

Lun, V. M., & Bond, M. H. (2013). Examining the relation of religion and spirituality to subjective well-being across national cultures. *Psychology of Religion and Spirituality, 5*(4), 304–315. doi:10.1037/a0033641

Lyons, G. C. B., Deane, F. P., Caputi, P., & Kelly, P. J. (2011). Spirituality and the treatment of substance use disorders: An exploration of forgiveness, resentment and purpose in life. *Addiction Research and Theory*, *19*(5), 459–469. doi:10.3109/16066359.2011.555022

Mehraby, N. (2003). Psychotherapy with Islamic clients facing loss and grief. *Psychotherapy in Australia, 9*(2), 30–34. Retrieved from http://www.startts.org.au

McCullough, M. E., Root, L. M., & Cohen, A. D. (2006). Writing about the benefits of an interpersonal transgression facilitates forgiveness. *Journal of Consulting and Clinical Psychology*, *74*(5), 887–897. doi:10.1037/0022-006X.74.5.887

Samadi, M., & Rahmani, F. (2015). The effects of praying in mental health from Islam perspective. *International Journal of Economy, Management and Social Sciences*, *4*, 392–398. Retrieved from https://www.scribd.com/user/98202940/TI-Journals-Publishing

Sharma, S., & Sharma, S. K. (2016). Team resilience: Scale development and validation. *The Journal of Business Perspective, 20*(1), 37–53. doi:10.1177/0972262916628952

Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., … Roberts, D. E. (2005). Dispositional forgiveness of self, others, and situations: The Heartland Forgiveness Scale. *Journal of Personality*, *73*(2), 313–359. doi:10.1111/j.1467-6494.2005.00311.x

Uyun, Q., & Kurniawan, I. N. (2018). Taubat (repentance) and Istighfar (seek forgiveness from Allah) therapy to improve subjective well-being of master students: A preliminary study. *Advanced Science Letters*, *24*(7), 5422–5425. doi:10.1166/asl.2018.11748.

Uyun, Q., & Trimulyaningsih, N. (2015). Kebersyukuran dan kesehatan mental: Studi meta-analisis [Gratitude and mental health: A meta-analytic study]. *Jurnal Psikologi Klinis Indonesia*, *1*, 43–57. Retrieved from https://www.researchgate.net/publication/313109362_Kebersyukuran_dan_Kesehatan_Mental_Studi_Meta_-analisis

Uyun, Q., & Witruk, E. (2017). The effectiveness of sabr (patience) and salat (prayer) in reducing psychopathological symptoms after the 2010 Merapi eruption in the region of Yogyakarta Indonesia. In F. Lumban Gaol, F. Hutagalung, C. F. Peng, Z. Md Isa, & A. R. Rushdan (Eds.), *Proceedings of the 5th International Congress on Interdisciplinary Behavior and Social Science (ICIBSoS 2016), 5–6 November 2016, Jogjakarta, Indonesia*.

Webb, J. R., Dula, C. S., & Brewer, K. (2012). Forgiveness and aggression among college students. *Journal of Spirituality in Mental Health*, *14*, 38–58. doi:10.1080/19349637.2012.642669

Weber, S. R., & Pargament, K. I. (2014). The role of religion and spirituality in mental health. *Current Opinion in Psychiatry,* 27(5), 358–363. doi:10.1097/YCO.0000000000000080

Weissman, J., Pratt, L. A., Miller, E. A., & Parker, J. D. (2015). *Serious psychological distress among adults: United States, 2009–2013* (NCHS data brief, No. 203). Hyattsville, MD: National Center for Health Statistics.

Yucel, S. (2007). *The effects of prayer on Muslim patient's well-being* (Unpublished doctoral dissertation). Boston University School of Theology, Boston, MA, USA.